

May. 9. 2014 6:41PM

No. 0579 P. 2

**COMMITTEE'S REPORT**

(filed by committees that support or oppose one or more candidates and/or propositions and that are not candidate committees)

## 1. Full Name and Address of Political Committee

LOUISIANA ASSOCIATION OF HEALTH PLANS PAC  
450 LAUREL ST., SUITE 1450  
BATON ROUGE, LA 70801

## OFFICE USE ONLY

PAC  
Monthly  
5/9



14004182

## 2. Date of Primary

This report covers from April 7<sup>th</sup> 2014 through April 30<sup>th</sup> 2014

## 3. Type of Report:

☐ 180th day prior to primary      ☐ 40th day after general  
☐ 90th day prior to primary      ☐ Annual  
☐ 30th day prior to primary      ☒ Monthly  
☐ 10th day prior to primary  
☐ 10th day prior to general      ☐ Amendment to prior report

## 4. All Committee Officers (including Chairperson, Treasurer, if any, and any other committee officers)

## a. Name

JEFF DEZARD

## b. Position

Chairperson

Treasurer

CHAIRMAN

## c. Address

450 LAUREL ST, STE 1450  
BATON ROUGE, LA 70801

## 5. Candidates or Propositions the Committee is Supporting or Opposing (use additional sheets if necessary)

## a. Name &amp; Address of Candidate/Description of Proposition

## b. Office Sought

## c. Political Party

## d. Support/Oppose

6. Is the Committee supporting the entire ticket of a political party? ☐ Yes ☒ No If "yes", which party?

## 7. a. Name of Person Preparing Report

ALIMCLARTY

b. Daytime Telephone 225.706.5522

8. WE HEREBY CERTIFY that the information contained in this report and the attached schedules is true and correct to the best of our knowledge, information and belief, and that no expenditures have been made nor contributions received that have not been reported herein, and that no information required to be reported by the Louisiana Campaign Finance Disclosure Act has been deliberately omitted.

This 9<sup>th</sup> day of MAY, 2014

  
Signature of Committee Chairperson

225-706-5522  
Daytime Telephone

\_\_\_\_\_  
Signature of Committee Treasurer, if any

\_\_\_\_\_  
Daytime Telephone

MAY 12 AM '14

RECEIVED

**SUMMARY PAGE**

<b>RECEIPTS</b>	<b>This Period</b>
1. Contributions Received (Schedule A-1)	4170.00
2. In-kind Contributions Received (Schedule A-2)	
3. Campaign paraphernalia sales of \$25 or less	
4. <b>TOTAL CONTRIBUTIONS</b> (Lines 1 + 2 + 3)	
5. Other Receipts (Schedule A-3)	
6. Loans Received (Schedule B)	
7. Loan Repayments Received (Schedule D)	
8. <b>TOTAL RECEIPTS</b> (Lines 4 + 5 + 6 + 7)	4170.00

<b>DISBURSEMENTS</b>	<b>This Period</b>
9. General Expenditures (Schedule E-1)	
10. In-Kind Expenditures (Schedule E-2)	
11. Contributions made to Candidates (Schedule E-3)	
12. <b>TOTAL EXPENDITURES</b> (Lines 9 + 10 + 11)	
13. Other Disbursements (Schedule E-4)	
14. Loan Repayments Made (Schedule B)	
15. Funds Loaned (Schedule D)	
16. <b>TOTAL DISBURSEMENTS</b> (Lines 12 + 13 + 14 + 15)	

<b>FINANCIAL SUMMARY</b>	<b>Amount</b>
17. Funds on hand at beginning of reporting period (Must equal funds on hand at close from last report or -0- if first report for this committee)	8692.38
18. <i>Plus</i> total receipts this period (less in-kind contributions received) (Line 8 above minus line 2 above)	4170.00
19. <i>Less</i> total disbursements this period (less in-kind expenditures) (Line 16 above minus line 10 above)	
20. Funds on hand at close of reporting period	12862.38

**SCHEDULE A-1: CONTRIBUTIONS RECEIVED (other than In-Kind Contributions)**

The following information must be provided for all contributions received by the committee during this reporting period, except for in-kind contributions, whether received from a political committee or some other person or entity. Contributions made by the committee are reported on SCHEDULE E-3: CONTRIBUTIONS MADE TO CANDIDATES. Information on in-kind contributions is reported on SCHEDULE A-2: IN-KIND CONTRIBUTIONS. In Column 1, check "yes" if the contributor is a political committee and "no" if not. For anonymous contributions, see SCHEDULE F. Totals and subtotals at bottom of the page are optional. Completion of totals and subtotals may assist in calculating totals that must be reported on the Summary Page.

1. Name and Address of Contributor	2. Contributions this Reporting Period a. Date(s)      b. Amount(s)		3. Total this Year
HUMANA P.O. Box 14601 Lexington, KY 40512-4601 POLITICAL COMMITTEE? ____ YES <input checked="" type="checkbox"/> NO	4.1.2014	2500.00	
Vantage Health Plan 130 Desiard St., Suite 300 Morgue, LA 71201 POLITICAL COMMITTEE? ____ YES <input checked="" type="checkbox"/> NO	4.17.2014	445.00	
People's Health Network 3838 W. Causeway Blvd. Metairie, LA 70002 POLITICAL COMMITTEE? ____ YES <input checked="" type="checkbox"/> NO	4.18.2014	602.00	
Community Health Solutions 5145 Bluebonnet Blvd., Suite B Baton Rouge, LA 70809 POLITICAL COMMITTEE? ____ YES <input checked="" type="checkbox"/> NO	4.18.2014	534.00	
Gillstar Management Services P.O. Box 998 Covington, LA 70434-0998 POLITICAL COMMITTEE? ____ YES <input checked="" type="checkbox"/> NO	4.25.2014	89.00	
POLITICAL COMMITTEE? ____ YES ____ NO			
POLITICAL COMMITTEE? ____ YES ____ NO			
4. SUBTOTAL (this page)	4170.00		N/A
5. TOTAL (complete only on last page of this schedule)			N/A
6. CONTRIBUTIONS FROM POLITICAL COMMITTEES ONLY:			
SUBTOTAL (this page)	4170.00		TOTAL (complete only on last page of this schedule) 4170.00

Form 202, Rev. 3/98, Page Rev. 3/98